



04/12/2007

Health Quotes Sample

CT 06106

RE: A Health Insurance Proposal - OneDeductible PPO with an HSA

Dear Ms. Sample:

Enclosed is the information you requested on Health Plans for Individuals and Families from Time Insurance Company. Please review the attached proposal carefully.

Our OneDeductible HSA provides extensive coverage while offering the simplicity and convenience of a single, common deductible for all members of the family. This plan protects you from the large medical bills that accompany a serious accident or illness, and the Health Savings Account (HSA) lets you pay everyday medical expenses with tax-free funds.

Our commitment to the individual health insurance business makes Assurant Health a leader and innovator in the industry. Our commitment to protecting customers makes Assurant Health the best choice for those who pay for their own health insurance coverage.

Sincerely,

Alston Balkcom
1-800-INSURANce
P.O. Box 6055
Bridgeport, CT 06606

(800) 467-8726

Assurant Health is the brand name for products underwritten and issued by Time Insurance Company, John Alden Life Insurance Company and Union Security Insurance Company.



Individual Medical Your Plan Summary

Prepared for:
Health Quotes Sample

Your personal
representative:

Alston Balkcom
Phone: (800) 467-8726
Fax: (888) 782-5341
Email: alston@1800insurancect.com

ZIP Code: 06106

*The kind of protection you
need for the peace of mind
you deserve.*

Health Plans for Individuals and Families	Your total monthly amount
	\$

Individual Medical

Major Medical - for your healthcare protection OneDeductible PPO with Health Savings Account (HSA)

Features:

- First-year rate guarantee.
- \$3,000,000 lifetime benefit for each covered person.
- Worldwide Coverage.
- Ground or air ambulance service to the nearest hospital that is able to treat the condition.
- \$500 per calendar year wellness benefit, subject to deductible and coinsurance. Refer to State Variations for any state specific wellness benefits.
- Health Savings Account (HSA) custodial account feature.
- Reduced renewal rates with the HealthyDiscount feature - offered with OneDeductible PPO.
- Additional non-network deductible encourages network usage.
- Prescription drug discount card with no separate deductible and no copay. Save up to 25% off the retail price of prescription drugs. Here are some examples:

<u>Prescription - Use</u>	<u>Sample Retail Price*</u>	<u>Discount Card Price*</u>	<u>Monthly Savings</u>
Flonase - Allergy Nasal Spray	\$98	\$78	\$20
Levaquin - Antibiotic (10 days)	\$139	\$115	\$24
Lipitor - Cholesterol	\$131	\$115	\$16
Nexium - Antiulcer	\$167	\$134	\$33
Singulair - Allergic Rhinitis	\$116	\$92	\$24
Zoloft - Antidepressant	\$98	\$77	\$21

**Actual prices and savings will vary depending on the pharmacy and location.*

This is a brief description of coverage. Your personal representative can provide materials that include more details. This plan summary is not an insurance contract. In the event there are discrepancies with the information here, the terms and conditions of the coverage documents will govern.

*This plan is available to members of the
Health Advocates Alliance.*

Chosen Medical Benefits and Options:

- \$2,800 individual annual deductible.
- 100% coinsurance.

PPO Networks available in the Enrollee's ZIP code:

Private Healthcare Systems (PHCS), 800-922-4362, www.phcs.com
HealthChoice/HMC (HCT), 866-575-5553, www.nehca.com
Northeast Direct Health (NEDH), 800-423-6619, www.nehealthdirect.com

Assurant Health markets products underwritten by Time Insurance Company.





Date: 04/12/2007
Version: 8.7.0.LA

Form/Plan ID: 225/BASE
Area: 0.69

Enrollee(s) Health Quotes Sample
Address CT 06106
Agency 1-800-INSURANce
Information P.O. Box 6055, Bridgeport, CT 06606
Business Number: 0008803w-0-93-001, Telephone: (800) 467-8726, Fax: (888) 782-5341
Writing Agent Alston Balkcom
Information P.O. Box 6055, Bridgeport, CT 06606

**OneDeductible PPO Plan Selected
with HSA Fundamentals Health Savings Account (HSA)**

Effective Date: 04/12/2007 **Payment Mode:** Monthly
Annual HSA **Plan:** OneDeductible PPO
Deductible: \$2,800 **HSA Acct Type:** HSAFUND
Annual OON Ded: \$500
Coinsurance/ **Individual Out-of-** PPO Network \$2,800
Out-of-pocket: 100% after deductible **pocket Maximum:** (includes in-net deductible only)
Out-of-Network **Lifetime Maximum:** \$3,000,000
Differential: 20% **PPO Network:** Private Healthcare Systems (PHCS) (CON)
Association: Health Advocates Alliance

Enrollee(s)	Sex	Age	Class	Base	No Off Copay	Misc Fees	Optional Benefits	Totals
Primary	Female	59	Standard	\$321.21				\$321.21
HAA Fees						\$4.00		\$4.00
Total Recurring Amount				\$321.21		\$4.00		\$325.21
Processing Fee (one-time)								\$20.00
Total Amount								\$345.21

You may choose to add a \$300 Accidental Medical Expense benefit for \$7.30 in addition to the premium amount above.

These rates are only valid for policies issued with effective dates from 4/01/2007 to 4/28/2007 when quoted using the most current version of software. Rates quoted more than 30 days in advance of the effective date are subject to change and are not guaranteed. This proposal is not an insurance contract. Only the actual contract provisions will apply. Final rates may vary slightly due to the rounding process.

Assurant Health markets products underwritten by Time Insurance Company.



Time Insurance Company

501 West Michigan, Milwaukee, WI 53203

Date: **04/12/2007**
 Version: **8.7.0.LA**
 Enrollee(s): **Health Quotes Sample**
 Address: **CT 06106**

Form/Plan ID: **225/BASE**

OneDeductible PPO with HSA Alternate Quote Report By Deductible

PPO Network:
Private Healthcare Systems (PHCS)

<u>Annual Deductible</u>	<u>Coinsurance/OOP</u>	<u>OneDeductible PPO Lifetime Max: \$3,000,000</u>	<u>First Year Maximum HSA Contribution*</u>
\$1,100	50% (OOP: \$2,500)	\$456.08	tbd**
\$1,100	80% (OOP: \$2,000)	\$552.16	tbd**
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\$1,600	50% (OOP: \$2,500)	\$394.62	tbd**
\$1,600	80% (OOP: \$2,000)	\$465.95	tbd**
\$1,600	100% after deductible	\$550.87	tbd**
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\$2,100	50% (OOP: \$2,500)	\$312.11	tbd**
\$2,100	80% (OOP: \$2,000)	\$357.20	tbd**
\$2,100	100% after deductible	\$414.24	tbd**
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\$2,800	50% (OOP: \$2,500)	\$260.97	tbd**
\$2,800	80% (OOP: \$2,000)	\$294.62	tbd**
\$2,800	100% after deductible	\$325.21	tbd**
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\$3,750	100% after deductible	\$292.34	tbd**
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\$5,000	100% after deductible	\$256.50	tbd**

Based on contribution limits for this year, the maximum allowable HSA contribution for next year is:

<u>Monthly</u>	<u>Quarterly</u>	<u>Semi-annual</u>	<u>Lump Sum (Annual)</u>
tbd**	tbd**	tbd**	tbd**

Maximum contribution amount assumes no prior qualifying coverage during the calendar year.

*The above HSA contribution calculation is based on an effective date of 04/12/2007. If the health plan is effective on the first of the month, the HSA is effective on the same day. If the policy is effective on a date other than the first of the month, the HSA will be effective the first day of the following month.

**HSA contribution amount information for effective dates of 1/1/2007 and later is not yet available. This information will be updated on the next version of software. To find the latest forms, please go to Find A Form on the Assurant Health Sales website, www.assuranthealthsales.com.

Insureds age 55 or older may make an additional deductible contribution of up to \$800 per person per calendar year to their HSA.

For the **OneDeductible PPO plan**, an additional non-network deductible of \$500 (\$1000 if family) applies if services are rendered out-of-network.

The above rates do NOT include the \$20 processing fee.

Time Insurance Company

501 West Michigan, Milwaukee, WI 53203

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State Maximum Out-of-Pocket Table OneDeductible PPO with HSA 100% after deductible

Network

Annual Network Deductible		Maximum Coinsurance Network Out-of-pocket		Total Network Out-of-pocket	
Individual	Family	Individual	Family	Individual	Family
\$1,600	\$3,200	\$0	\$0	\$1,600	\$3,200
\$2,100	\$4,200	\$0	\$0	\$2,100	\$4,200
\$2,800	\$5,600	\$0	\$0	\$2,800	\$5,600
\$3,750	\$7,500	\$0	\$0	\$3,750	\$7,500
\$5,000	\$10,000	\$0	\$0	\$5,000	\$10,000

Non-Network

Annual Non-Network Deductible		Maximum Coinsurance Non-Network Out-of-pocket		Total Non-Network Out-of-Pocket	
Individual	Family	Individual	Family	Individual	Family
\$2,100	\$4,200	\$1,000	\$2,000	\$3,100	\$6,200
\$2,600	\$5,200	\$1,000	\$2,000	\$3,600	\$7,200
\$3,300	\$6,600	\$1,000	\$2,000	\$4,300	\$8,600
\$4,250	\$8,500	\$1,000	\$2,000	\$5,250	\$10,500
\$5,500	\$11,000	\$1,000	\$2,000	\$6,500	\$13,000

These tables are meant only as a general cost guide. Please refer to the state variations or brochure for state-specific information.